## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

3060-0076 Est. time per response: 1 hour Approved by OMB

[Please read instructions before completing and for Notice regarding public burden.] COMMON CARRIER ANNUAL EMPLOYMENT REPORT

1. Name and Mailing Address of Respondent Tri-County Communications Cooperative, Inc. 417 5th Ave N, PO Box 578 Strum, WI 54770-0578  2. Year Report Filed 2018  SECTION II - Full-Time Employees.  Job Categories  Hispanic or Latino  Male Female White Am		ons Cooperative, Inc. 78  3. Reporting Period (Ending Date of Pay Period Covered by Report) March 31, 2018  spanic or Latino  Female White African American	Cooperative, Inc	Inc.  ng Date of Pa  port)  1 8  Black or  African  American	Native Hawaiian or Other Pacific Islander	Asian	A. Number of Reporting a. Feb. 216  Numi Report emplorements and a contract of the contract of	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, are b. 16 or more (complete all sections)  Number of Employees [Report employees in only one category)  Race/Ethnicity  Not-Hispanic or Latino  American Alaska Native  Black or American American American	ployees duri one): omplete Seci plete all secti yees or Latino	ng Selected  Jons I, IV, and African  American	Pemale  R or Hawaiian or rican Pacific Islander	ale Asian	Check h is a char address.  American Two Indian or Alaska Native	Check here if this is a change of address.  Two or more or races a	Total Columns A - N
ob B							Num (Report emplo	ber of Employ yees in only o Race/Ethnicity	yees ne category)						
Categories	Hispa Lat	nic or ino			Ma	क		Not-Hispani	c or Latino		Fem	ale			Total Columns
	Male	Female	White	Black or African	Native Hawaiian or	Asian		Two or more races	White		Native Hawaiian or	Asian		Two or more races	2
		,			Islander						Islander				
Executive/Senior Level Officials and Managers			=						2						w (
First/Mid-Level Officials and 1.2			3						-						4
Professionals 2															0
Technicians 3			L3												ψ
Sales Workers 4															0
Administrative Support 5			-						9						10
Craft Workers 6			12												12
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
<b>TOTAL</b> 10	0	0	20	0	0	0	0	0	12	0	0	0	0	0	32
PREVIOUS YEAR TOTAL 11			19						12						31

SECTION III - Part-Time Employees.	/ees.							: :							
							(Report empl	Report employees in only one category)	one category)						
Job								Race/Ethnicity	,						
Categories	H	Hispanic or						Not-Hispanic or Latino	ic or Latino						Total
		Lalino			M	Male					Female	nale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	⊳	В	С	D	т	'n	6	I	·==	ľ	7	г	3	z	0
Executive/Senior Level Officials and Managers 1.1															0
First/Mid-Level Officials and 1.2 Managers	.2														0
Professionals	2														0
Technicians	S														0
Sales Workers	4														0
Administrative Support Workers	5														0
Craft Workers	6														0
Operatives	7														0
Laborers and Helpers	8														0
Service Workers	9														0
TOTAL 1	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 1	11														0
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	nination Cor	mplaints Pursu	lant to 47 CF	R 22.321, 23.	55, 90.168, 10	1.4, and 101.	311.								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	Commission body having Commission Commission ng parties in	n that no compling competent jurge competent jurge that the follow volved, date file	aints regarding isdiction in suring complaints ing complaints or a	y violations of ch matters dur s alleging viola gencies before	the equal emping the calence itions of the properties which the maps which the maps are the calence in the cale	oloyment providar year cover far year cover fovisions of an	isions of Fede red by this rep ny equal empl n heard, file nu	eral, state, terrort. ort. oyment oppor	itorial, or loca tunity statute r designation,	I statutes have been file and current s	e been filed ag ad against this status or dispo	gainst this company.			
TION V - Certification  fly that to the best of my k	wledge, info	rmation, and be	Hief, all statem	ents in this re	port are true a	and correct.									
05/17/2018 C	Typed or Printed Na Cheryl Rue	Typed or Printed Name of Person Signing Cheryl Rue	son Signing			Signature	MM.	2		`		Telephone No. (715) 69	Telephone No. (715) 695-2691		
Title of Person Signing CEO				OF ANY ST	ATION LICEN	ISE OR CON	STRUCTION	FORM ARE P PERMIT (47 L	OUNISHABLE	(1) AND/OR	D/OR IMPRIS	ONMENT (18 (47 U.S.C. 5	3 U.S.C. 1001 03) <sub>-</sub>	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	OCATION